13.d. Rehabilitative services. (continued)

immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Crisis intervention must be available 24 hours a day, seven days a week.

A. Crisis intervention is provided after the crisis assessment.

B. Crisis intervention includes developing a crisis treatment plan. The plan must include recommendations for any needed crisis stabilization services. It must be developed no later than 24 hours after the first face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided. The plan must be updated as needed to reflect current goals and services.

The crisis intervention team must document which short-term goals were met, and when no further crisis intervention services are required.

C. The crisis intervention team is comprised of at least two mental health professionals, or a combination of at least one mental health professional and one mental health practitioner with the required crisis training and under the clinical supervision of a mental health professional on the team. The team must have at least two members, with at least one member providing on-site crisis intervention services when needed.

D. If possible, at least two members must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.

E. If a recipient's crisis is stabilized, but the recipient needs a referral to other services, the team must provide referrals to these services.

13.d. Rehabilitative services. (continued)

3. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

A. Crisis stabilization cannot be provided without first providing crisis intervention.

B. Crisis stabilization is provided by a mental health professional, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker who meets the qualifications on pages ~~53c-53e~~ 53c-53d, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

C. Crisis stabilization may be provided in the recipient's home, another community setting, or a supervised, licensed residential program that is not an IMD that provides short-term services. If provided in a supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional or qualified mental health practitioner.

D. A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. A plan must be completed within 24 hours of beginning services and developed by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. At a minimum, the plan must contain:

(1) A list of problems identified in the assessment;

(2) A list of the recipient's strengths and resources;

13.d. Rehabilitative services. (continued)

(3) Concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement;

(4) Specific objectives directed toward the achievement of each one of the goals;

(5) Documentation of the participants involved in the service planning. The recipient, if possible, must participate;

(6) Planned frequency and type of services initiated;

(7) The crisis response action plan if a crisis should occur; and

(8) Clear progress notes on the outcome of goals.

4. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

The services below are not eligible for medical assistance payment as mental health crisis response services:

1. Recipient transportation services.

2. Services provided by a nonenrolled Medicaid provider.

3. Room and board.

4. Services provided to a recipient admitted to an inpatient hospital.

5. Services provided by volunteers.

6. Direct billing of time spent "on call" when not providing services.

13.d. Rehabilitative services. (continued)

7. Provider service time paid as part of case management services.

8. Outreach services, defined on page 54f.

- **Assertive community treatment (ACT) services**are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan.

  Recipients must be over age 18, diagnosed with a mental illness, and:

  1. have substantial disability and functional impairment in several areas;

  2. have one of more of the following:

     a. a history of two or more inpatient hospitalizations in the past year

     b. significant independent living instability

     c. homelessness

     d. very frequent use of mental health and related services that result in poor outcomes; and

  3. in the written opinion of a licensed mental health professional, have mental health needs that cannot be met with other available community-based services (for example, mental health community support services) or are likely to experience a mental health crisis or require a more restrictive setting (for examplehospitalization) if ACT is not provided.

  The following are eligible to provide ACT services:

  1. An entity certified by the Department and operated by a county.

  2. An entity certified by the Department based on a program review by the host county with which the entity has a contract.

13.d. Rehabilitative services. (continued)

3. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:

   a. requires a specialized program that is not available from county-approved entities; and

   b. is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.

4. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Provider Qualifications, Training and Supervision

ACT services are provided by a multidisciplinary staff using a total team approach and assertive outreach for treatment in a recipient's environment. The team includes a clinical supervisor who is a mental health professional as defined on page 54e and other staff consistent with the Dartmouth Assertive Community Treatment Scale, which establishes national fidelity standards.

The team members must meet the qualifications, training and supervision standards that apply to mental health community support services.

The team must be capable of providing the following components:

1. Integrated dual diagnosis treatment.

2. Medication monitoring and training in medication self-administration.

3. Illness management and recovery.

4. Case management.

5. Psychological support and skills training.

13.d. Rehabilitative services. (continued)

6. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient

7. Crisis services, including development of a crisis plan with the recipient

The services below are not eligible for medical assistance payment as ACT services:

1. Recipient transportation services otherwise paid under this Attachment.

2. Services billed by a nonenrolled Medicaid provider.

3. Services provided by volunteers.

4. Direct billing of days spent "on call" when not providing services.

5. Job-specific skills services, such as on-the-job training.

6. Performance of household tasks, chores, or related activities for the recipient.

7. Outreach services, as defined for mental health community support services on page 53f.

8. Inpatient hospital services, board and lodge facility services, or residential facility services to patients or residents. This includes services provided by an institution for mental diseases.

- **Residential rehabilitative services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan.

  These services are provided to a recipient meeting the same eligibility requirements for ACT services but the recipient also requires the level of care and supervision provided in a

13.d. Rehabilitative services. (continued)

residential setting. These services are designed to develop and enhance psychiatric stability, personal and emotional adjustment, self-sufficiency, and skills to live in a more independent setting. Services are directed toward a targeted discharge date with specified recipient outcomes and are consistent with evidence-based practices.

The following are eligible to provide residential rehabilitative services:

1. An entity operated by a county.

2. An entity with a host county contract after program review by the host county.

3. An entity seeking to serve a subpopulation of recipients if the provider demonstrates to the Department that the subpopulation:

   a. requires a specialized program that is not available from county-approved entities; and

   b. is of such a low incidence that it is not feasible to develop a program serving a single county or regional group of counties.

4. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title I of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as a 638 facility.

Each provider must have a 24-hour residential care and program services license to provide services for five to sixteen adults with mental illness.

Provider Qualifications, Training and Supervision

Residential rehabilitative services are provided by a multidisciplinary staff for recipients with serious mental illness. The team includes a clinical supervisor who is a mental health professional as defined on page 54e and sufficient staff to comply with the staffing ratio, which

13.d. Rehabilitative services. (continued)

is at least one staff for every nine recipients for each day and evening shift. If more than nine recipients are present at the residence, there must be a minimum of two staff during day and evening shifts, one of whom must be a mental health professional or a mental health practitioner.

Team members must meet the qualifications, training and supervision standards that apply to mental health community support services, except that mental health rehabilitative workers acting as overnight staff need only meet the qualifications listed in item 2, subitems A through C on page 54c.

The team must be capable of providing the following components:

1. Integrated dual diagnosis treatment.

2. Medication monitoring and training in medication self-administration.

3. Illness management and recovery.

4. Psychological support and skills training.

5. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

6. Crisis services.

7. Resident supervision and direction.

8. Inter-agency coordination.

The services below are not eligible for medical assistance payment as residential rehabilitative services:

1. Recipient transportation services otherwise reimbursed under this Attachment.

2. Services billed by a nonenrolled Medicaid provider.

13.d. Rehabilitative services. (continued)

3. Services provided by volunteers.

4. Direct billing of days spent "on call" when not providing services.

5. Job-specific skills services, such as on-the-job training.

6. Performance of household tasks, chores, or related activities for the recipient.

7. Provider service time eligible for payment as case management services.

8. Outreach activities, as defined for mental health community support services on page 53f.

9. Inpatient hospital services. This includes services provided by an institution for mental disease.

Rehabilitative services provided for **chemical abuse** are limited to:

(1) **Primary rehabilitation program:** A licensed chemical dependency rehabilitation program that provides intensive, primary therapeutic services to clients who do not require detoxification. Primary rehabilitation programs provide at least 30 hours a week per client of chemical dependency services including group and individual counseling, and other services specific to chemical dependency rehabilitation.

(2) **Outpatient rehabilitation program:** A program of at least 10 hours of therapy/counseling, including group, collateral, and individual therapy/counseling and may be provided to a recipient while the recipient resides in a supervised living facility, board and lodging facility, or the recipient's own home.

(3) **Extended rehabilitation program:** A licensed chemical dependency rehabilitation program that offers extended, long term in-house chemical dependency services. An extended rehabilitation program provides an average of 15 hours a week per client of chemical dependency services

13.d. Rehabilitative services. (continued)

including group and individual counseling, client education, and other services specific to chemical dependency rehabilitation.

(4) **Transitional rehabilitation program:** A licensed chemical dependency rehabilitation program that is offered in a transitional semi-independent living arrangement with an emphasis on aftercare and securing employment. A transitional rehabilitation program provides at least five hours a week per client of rehabilitation services that may include group counseling, employment counseling, and individual counseling.

Collateral counseling involves counseling provided directly or indirectly to the recipient through the involvement of the recipient's or significant others in the counseling process. Presence of the recipient in the counseling sessions is not necessarily required. However, when the recipient is present, reimbursement for collateral counseling and individual or group counseling for the same session is not allowed.

Rehabilitative services must be restorative or specialized maintenance therapy services and include medical treatment and physical or psychological therapy. These services are limited to services provided under the recommendation of a physician and must be a part of the recipient's plan of care.

Provider eligibility is limited to programs licensed by the Department of Human Services under Minnesota Rules, parts 9530.4100 through 9530.4450(Rule 35) and Minnesota Rules, parts 9530.5000 through 9530.6400 (Rule 43) or the American Indian programs, that if located outside of the federally recognized tribal lands would be required to be licensed.

Rehabilitative restorative and specialized maintenance physical therapy, occupational therapy, and speech, language and hearing therapy services.

Coverage is limited to services within the limitations provided under Items 11.a. to 11.c., Physical therapy services, Occupational therapy services, and Speech, language and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist), except:

13.d. Rehabilitative services. (continued)

(1) Services that are provided by a rehabilitation agency that take place in a sheltered workshop in a day training and habilitation center or a residential or group home that is an affiliate of the rehabilitation agency are not covered.

(2) Social and vocational adjustment services are not covered, but must be provided as an unreimbursed adjunct to the covered services.

Covered **respiratory therapy services** are those prescribed by a physician and provided by a qualified respiratory therapist.

EPSDT rehabilitative services identified in either an Individualized Family Service Plan or an Individualized Education Plan under the Individuals with Disabilities Education Act (IDEA) and provided to children with IFSPs or IEPs during the school day.

Covered services include: IFSP or IEP evaluations that are medical in nature and result in IFSPs or IEPs, or determine the need for continued services; speech, language and hearing therapy services; mental health services; physical and occupational therapy; and assistive technology devices.

Covered services also include nursing services such as catheterization, suctioning, tube feedings, medication management, and ventilator care. Nursing services also includes complex or simple medication administration. Medication administration must be related to a child's disability and included in an IFSP or IEP for treatment of the identified disability.

- Simple medication administration is an exception to the requirement in the following paragraph that EPSDT rehabilitative services identified in an IFSP or IEP must be services otherwise covered in this Attachment.

The services must meet all the requirements otherwise applicable if the service had been provided by a qualified, enrolled provider other than a school district, in the following areas: a covered service, medical necessity, documentation, personnel qualifications, and invoicing and prior authorization requirements.

Appropriate nursing services must be provided pursuant to a physician's order. All other services must be provided pursuant to an order of a licensed practitioner of the healing arts.